PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

-					(0054600								
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI TYPE			OR	OTHER	R THAN ENTITY	
TO	TAL CLAIMS	3	11				RAT	E	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	_	370.00	OR			
TO	TAL CHARGE	ABLE CLAIMS	il m	i minus 20=		• 0		_		OR	7/212	-	
IND	EPENDENT C	CLAIMS	2 m	ninus 3 =	*. ()	X42:	_		1	X84=	<u> </u>	
MUI	LTIPLE DEPE	NDENT CLAIM F	PRESENT				I			OR			
* If the difference in column 1 is less than zero, enter						column 2	+140 TOTA	_	•	OR	+280=	7 (()	
7-3	10-04	CLAIMS AS A	AMENDE	MENDED - PART II				<u>-</u> I		OR	TOTAL OTHER	740	
		(Column 1) CLAIMS		(Colum		(Column 3)	SMAL	L E	NTITY	OR			
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 17	Minus	-20	3	=	X\$ 9=			OR	X\$18=		
¥	Independent FIRST PRESE	* U	Minus	## 3	CLAIM	<u> </u>	X42=	1		OR	X84≤	258.0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+280=		
•								Ψ.		00	TOTAL	258,00	
1		(Column 1)		(Colum	ın 21	(Column 3)	ADDIT. FE	EL		JOH ,	ADDIT. FEE	230100	
3		CLAIMS REMAINING		HIGH	ST			_	ADDI-	r		455.	
AMENDMEN D		AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA	RATE		IONAL FEE		RATE	ADDI- TIONAL	
ב <u>ו</u>	Total	*	Minus	**		=	X\$ 9=	t		OR	X\$18=	FEE	
	ndependent	*	Minus	***		=	X42=	╁		Ì	X84=		
- -	IRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM		74.12	╂		OR	704=		
	•						+140=			OR	+280=		
							TÖTA ADDIT. FEI			OR A	TOTAL DDIT. FEE		
7		(Column 1)		(Colum		(Column 3)							
1 T IS		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA	RATE	TI	ADDI- ONAL FEE		RATE	ADDI- TIONAL	
To	otal	•	Minus	**		=	X\$ 9=	t			X\$18=	FEE	
in	dependent		Minus	***		-	 	╁		DR			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X42=										DR L	X84=		
If the entry in column 1 is less than the entry in column 2 write "0" in column 3									c	R	+280=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										TOTAL DDIT. FEE			
- , , ,			TOT (TOTAL OF	aebenaen	<i>ម្</i> ខេណ្ឌ	iignest number	tound in the ap	prop	oriate box i	n colun	nn 1.		

BEST AVAILABLE COPY

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10054600

CLAIMS AS FILED - PART I									003		500		
			(Colum		(Column 2)			SMALL ENTITY TYPE		OR		ER THAN L ENTITY	
TOTAL CLAIMS			11					RATE	FEE	7	RATE	FE	
F	OR		NUMBER FILED		NUMBER EXTRA			BASIC FEI	370.00	OR	BASIC FEE		_
T	OTAL CHARGE	ABLE CLAIMS	i (mi	nus 20=	* 0			X\$ 9=		OR	X\$18=		
IN	DEPENDENT C	LAIMS	2 m	inus 3 =	* 0			X42=		OR	X84=		
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT				440						
* If the difference in column 1 is less than zero, enter "0" in column 2								+140=	<u> </u>	OR	+280=		
1 - 22 - 02 CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	OR	TOTAL	740	
	(Column 1) (Column 2) (Column 3)						_	SMALL	ENTITY	OR	OTHER SMALL E		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADI TION FE	VAL
S.	Total	• []	Minus	- 20	<u> </u>	=		X\$ 9=		OR	X\$18=	1	
¥	Independent	* 2	Minus	HA Z	CLAIM			X42=		OR	X84=	abla	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	\top	
	, ,,,,,	3					L	TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE	+	
	(8 - 1 4 - 0 3 (Column 1) (Column 2) (Column 3)						_			•			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION FEE	IAL
	Total	. /'/	Minus	 2	0	=		X\$ 9=		OR	X\$18=	1	
	Independent FIRST PRESE	NTATION OF MU	Minus	###	<u> </u>	-		X42=		OR	X84=	\neg	
			2111 22 021	LNDCIVI	OBAIM			+140=		OR	+280=	\exists	\exists
	3-22-04						L	TOTAL ODIT, FEE		OR ,	TOTAL	+	၂
_		(Column 1)		(Colum	n 2)	(Column 3)	~	DOM. FEE		•	ADDIT. FEE		ヿ
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOUS PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION	AL
2	Total	. 17	Minus	<u>-20</u>			ſ	X\$ 9=		OR	X\$18=		٦
8	Independent		Minus	*** 3		= -	F	X42=		ŀ	X84=	\dashv	\dashv
	FIRST PRESEI	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		┢	7422		OR	704=	+	4
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											4		